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**TB CARE I**

# **TB CARE I - Zimbabwe**

**Year 2  
Quarterly Report  
January-March 2012**

**April 30, 2012**

## Quarterly Overview

<b>Reporting Country</b>	<b>Zimbabwe</b>
<b>Lead Partner</b>	<b>The Union</b>
<b>Collaborating Partners</b>	<b>KNCV, WHO</b>
<b>Date Report Sent</b>	
<b>From</b>	
<b>To</b>	
<b>Reporting Period</b>	<b>January-March 2012</b>

<b>Technical Areas</b>	<b>% Completion</b>
1. Universal and Early Access	28%
2. Laboratories	10%
3. Infection Control	5%
4. PMDT	23%
5. TB/HIV	8%
6. Health Systems Strengthening	47%
7. M&E, OR and Surveillance	17%
<b>Overall work plan completion</b>	<b>20%</b>

### Most Significant Achievements

#### UNIVERSAL AND EARLY ACCESS

##### *Support the transport system for sputum specimens*

**CITIES:** The programme continued to support Harare, Chitungwiza and Bulawayo cities. An evaluation of the sputum transport system in the three cities covering the period July 2010 to June 2011 was received during the second quarter and showed an increased notification rate in Harare and Bulawayo, and a much lower percentage of patients with a diagnosis of pulmonary TB without a smear result in the three cities than in the provinces. Continued monitoring has shown that the same trend was maintained up to December 2011

**RURAL EXPANSION:** Transport routes were mapped out in the 5 selected districts - one in each of the 5 provinces of Manicaland, Masvingo, Midlands, Matabeleland North and Matabeleland South. Motor cycles have been procured, training for the motorcycle riders is due to start in April 2012 and sputum transport soon after.

##### *Strengthen community involvement through community TB treatment supporters.*

A job aid for use by TB treatment supporters was drafted and awaits NTP approval. Ten meetings in 10 districts were conducted with existing community TB treatment supporters, reaching 1036 community workers (299 males and 737 females). The meetings revealed that most of the DOT supporters are unable to visit assigned patients at their homes daily due to the long distances and the number of patients involved. There is lack of standardisation of community TB support. The information obtained from the meetings will facilitate the ongoing NTP process of formulating community DOT policy. The identified DOT supporters in the 10 districts were issued with sunhats, note books, pens and T-shirts (see photo album).

#### PMDT

Development of PMDT guidelines was completed, paving the way for the development of training materials which has commenced.

The DRS protocol is ready and will be submitted to the Zimbabwe Medical Research Council for expedited review. The pilot run is planned to start early June 2012.

#### HEALTH SYSTEMS STRENGTHENING

##### *Support supervision from province to districts*

Each of the 5 provinces conducted one support supervision to a total of 16 districts and 129 rural health centres during the quarter. The support visits focused mainly on TB case finding at health facility level, TB management and case holding, TB/HIV collaborative activities, as well as recording and reporting. The thrust was on use of TB data at local level. Districts conducted 9 visits to the periphery, reaching 71 rural health centres.

##### *Facilitate regular TB CARE implementation progress reviews*

Two meetings were conducted with the NTP officers and the provincial teams in the TB CARE supported provinces. The meetings provided a platform for discussing implementation bottlenecks, such as competing priorities and delayed acquittals. The next meetings will be held quarterly.

### ***Support general TB training***

A total of 7 training workshops were conducted. The training focused on TB case detection; TB treatment, Childhood TB, Community TB support, case holding, patient education, TB and HIV collaborative activities, TB medicines and supplies, recording and reporting and MDR. A total of 245 health workers were trained (93 male and 152 female).

### **M&E OR AND SURVEILLANCE**

#### ***Provincial Performance Review and planning meetings***

Three out of the 5 meetings planned for the quarter (one for each supported province) were held. The main area covered during the review meetings were assessing data for the year 2011 by district, focusing on notification trends, treatment outcomes and TB/HIV in relation to national targets, and the way forward. The most significant finding was widespread decline in TB notifications in all 5 provinces - a development also noted nationally. TB CARE is currently working with the NTP to determine whether the decline represents an epidemiological change or is due to recording and reporting challenges or other causes.

Draft data collection, analysis and utilisation guidelines were developed to facilitate quality data analysis and use at local level, using APA1 funds. Three pilot districts were identified and sensitisation meetings were conducted with provincial health executives and district health executives. The guidelines were designed to facilitate feedback.

#### ***Operations Research***

Three studies are ongoing from APA1, and are ready to be submitted to the Zimbabwe Medical Research Council for research authorisation. The studies are 1)ART uptake in TB patients in Midlands province, 2)TB mortality in Mat South province, 3)maximum time a sputum sample can be kept at room temperature and still be useful for MTB culture. The other 8 studies previously reported have not progressed. One study through APA2 on "How the type of DOT influenced tuberculosis treatment outcomes in one district in Zimbabwe" is in progress.

### **Overall work plan implementation status**

The overall implementation status was at 20%.

### **Technical and administrative challenges**

#### Technical:

- Lack of practical guidelines for community TB support. However development of such guidelines is on the NTP plans, with Global Fund support.
- Inadequate capacity at the provincial level to conduct operations research. Provision exists in the current budget for further practical training in operations research.
- Unavailability of tools for reporting some data necessary for management decision making eg number of suspects, IPT, infection control, current reporting of ART and CPT uptake. However plans are underway to revise the list of tools with TB CARE funding.

#### Administrative:

- Variations between support packages and accounting modalities by different donors lead to preferential implementation of activities depending the attractiveness of the package.
  - Delays in acquittal of funds advanced to provinces for support supervision causes delays as more disbursements cannot be made before full acquittal of past disbursements.
- To address these challenges TB CARE is trying out a new approach to fund disbursement.

**In-country Global Fund status and update**

With the support of TB CARE, the NTP re-applied for phase 2 of Global Fund Round 8 (USD 25 million for three years and is waiting for the results of the application. In the meantime a no cost extension of phase 1 was granted until June 2012.

## Quarterly Technical Outcome Report

Technical Area 1. Universal and Early Access								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.2 Eligible children younger than 5 years (contacts of ss+ adults) that were put on IPT Indicator Value: Percent Numerator: Number of eligible children younger than 5 (contacts of ss+ adults) who start (given at least one dose) IPT during the reporting period. Denominator: Total number of eligible children younger than 5 (contacts of ss+ adults) during the same reporting period.	Not available	2010	30%	2012	No data	Data Not yet available for the year  NTP has initiated the terms of reference for a consultant together with the background work.	Development of tools delayed by need to have all new TB/HIV tools developed at the same time. TB CARE intends to commence at the Pepfar-supported clinics.
	1.2.5 Patients receiving community-based support by trained supporter during treatment Indicator Value: Percent Level: Provincial Source: TB register Means of Verification: Numerator: Number of TB patients receiving community-based support by trained supporter during treatment Denominator: Total number of patients notified	30% Numerator 6653 Denominator 22177	2010	50%	2012	No data	Data Not yet available for the year	Challenge is that currently this is reported with the outcomes. However revision of TB/HIV tools will facilitate capture of the data at notification in future.

	1.2.6 Proportion of sputum specimens and results transported to the laboratory by the sputum motorcycle system Indicator Value: Number Level: Provincial Source: TB suspect register Means of Verification: Numerator: Number of sputum specimens transported with results received through the motorcycle transport system Denominator: Total number of sputum specimens examined and results received	Not available	2010	0%	2012	0%	<u>Rural provinces:</u> Data not yet available for the year  <u>Urban provinces:</u> (Harare, Bulawayo, Chitungwiza): The contactor (Riders for Health) is still compiling data for the first two quarters)	<u>Rural:</u> The first report will be expected the third quarter of APA2. There was a delay in starting the implementation of this activity in the rural provinces hence the first report has not been received  Delayed compilation of data. Riders has since resolved the capacity problem experienced during the quarter.
1.3 Reduced patient and service delivery delays (Timing)	1.3.1 Patient Delay Indicator Value: Number (of days or weeks)	Not available	2010	N/A	2012	No data	Studies not commenced	Working with NTP and the Department of Community Medicine of the University of Zimbabwe to facilitate the study. Principal researcher identified.
	1.3.2 Provider Delay Indicator Value: Number (of days or weeks)	Not available	2010	N/A	2012	No data	Studies not commenced	Working with NTP and the Department of Community Medicine of the University of Zimbabwe to facilitate the study. Principal researcher identified.
	1.3.5 Encounters with a provider before diagnosis Indicator Value: Number of encounters	Not available	2010	N/A	2012	No data	Studies not commenced	Working with NTP and the Department of Community Medicine of the University of Zimbabwe to facilitate the study. Principal researcher identified.

Technical Area		2. Laboratories						
Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y2	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year			
2.3 Ensured optimal use of new approaches to the laboratory confirmation of TB and incorporation	2.3.3 Rapid tests conducted Indicator Value: Number of tests Numerator: Annual number of tests (separately for GeneXpert MTB/RIF conducted <u>nationally</u> )	0	2010	500	2012	Data not yet ready	Development of protocol for the Xpert MTB/RIF study to inform algorithm finalisation is work in progress	Delay in protocol development due to other work demands. Laboratory department is currently working on the protocol.

and incorporation in national strategic lab plans	2.3.4 Rapid tests conducted Indicator Value: Number of tests Numerator: Annual number of tests for GeneXpert MTB/RIF conducted in TB CARE areas	0	2010	200	2012	Data not yet ready	As for 2.3.3 above	As above
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Technical Area 3. Infection Control								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
3.2 Scaled-up implementation of TB-IC strategies	3.2.2 Key facilities with IC focal person, implementation plan, budget, and monitoring system Indicator Value: Percent Numerator: The number of selected categories of key facilities (37 district hospitals and 5 provincial hospitals) with all three (a+b+c) interventions in place. Denominator: Total number of key facilities of the selected categories	Not available	2010	42 (100%)	2012	0%	Indicator (a), ie focal persons, are in place in 37 out of 42 institutions (88%). Indicator (b), and c (ie costed IC plans and monitoring system) not yet in place, but planned to be in place by end of 4th quarter.	Infection control plans, budgets and monitoring have been incorporated in the provincial and district review meeting agendas. The Zimbabwe Infection Prevention and Control Project (ZIPCOP) has also started working in the provinces and this is expected to significantly improve infection control interventions
3.3 Strengthened TB IC Monitoring & Measurement	3.3.1 Annual reporting on TB disease (all forms) among HCWs is available as part of the national R&R system Indicator Value: Yes/No	No	2011	Yes	2012	Not yet	Tools not yet revised to accommodate infection control	RR tools due to be appropriately revised by third quarter. This will be part of broader revision of tools indicators such as IPT, ART and IC.

Technical Area	4. PMDT							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
4.1 Improved treatment success of MDR	4.1.4 MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture Indicator Value: Percentage Numerator: Number of MDR TB patients in a cohort who completed a course of MDR treatment and who fit the WHO criteria for cure or completed treatment Denominator: Total number of MDR patients who started treatment in the cohort	100% (1 out of 1)	2010	(24 out of 27) 87%	2012	No patients have completed treatment	No patients have completed treatment yet.	Pending treatment completion of next cohort

Technical Area		5. TB/HIV						
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	2010		
5.3 Improved treatment of TB/HIV co-infection	5.3.1 Registered HIV infected TB patients receiving ART during TB treatment Indicator Value: Percent Numerator: All HIV-positive TB patients, registered over a given time period, who receive ART (are started on or continue previously initiated ART) Denominator: All HIV-positive TB patients registered over the same given time period.	Num =3529 Deno =12078 29%	2009	50%	2012	46%  Num 6453  Den 13950	The National AIDS programme (NAP) has launched a strategy to decentralise Antiretroviral therapy initiation to peripheral health facilities. This is expected to significantly increase the proportion of HIV positive patients started on ART	This indicator is reported in retrospect, together with the outcomes, the new TB/HIV tools which are being developed elsewhere in this plan will facilitate current reporting.



	<p>5.3.2 HIV-positive TB patients who receive CPT</p> <p>Indicator Value: Percent</p> <p>Numerator: Number of HIV-positive TB patients, registered over a given time period, who receive (given at least one dose) CPT during their TB treatment</p> <p>Denominator: Total number of HIV-positive TB patients registered over the same given time period.</p>	<p>Num = 8918</p> <p>Deno = 12078</p> <p>74%</p>	2009	95%	2012	<p>90%</p> <p>Num 12613</p> <p>Den 13950</p>	No immediate explanation for the decline in CPT uptake. The trend will be watched carefully.	This indicator is reported in retrospect, together with the outcomes, the new TB/HIV tools which are being developed elsewhere in this plan will facilitate current reporting.
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<b>Technical Area</b>	<b>6. Health Systems Strengthening</b>
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Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
6.2 TB control components (drug supply and management, laboratories)	6.2.2 Status of HRD strategic plans implemented Indicator Value: Score (1-3) based on definition.	0	2010	2	2012	2	Plan yet to be implemented	Funding may not be adequate to implement the strategy as funding from Global Fund has been scaled down.


laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.3 People trained using TB CARE funds in year 2 Indicator Value: Number of people Numerator: Number of people trained disaggregated by gender and type of training.	466 females 272 males 734 females	2011	550	2012	245 (93 male, 152 female)	Facilitators are more confident following training as trainers in year one, but there is need for refresher training	Lack of MDR training material. Development of the training materials is provided for in the current year and the process has commenced.
	6.2.1 Supervisory visits conducted according to country supervisory standards Indicator Value: Percent Numerator: Number of annual supervisory visits conducted disaggregated by two levels. Denominator: Number of annual supervisory visits planned disaggregated by two levels.	Province to district = 100% (Numerator = 5 visits done, Denominator = 5 planned) 100% District to primary care facility = 100% (Numerator = 37 visits done, Denominator = 37 planned)	2011	Province to district 100% (15 visits out of 15 planned) District 100% (111 visits out of 111 planned)	2012	Province = 33%  District = 8%	Five visits have been conducted out the 15 planned for the year.  Nine district to rural health centre visits conducted.	Experienced problem of delayed acquittal of funds issued in advance. A new system has been adopted to speed up acquittal and implementation.


Technical Area	7. M&E, OR and Surveillance							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
7.2 Improved capacity of NTPs to analyze and use quality data for management of the TB program	7.2.2 NTP provides regular feedback from central to lower levels Indicator Value: Percent per quarter Numerator: Number of quarterly feedback reports prepared and disseminated disaggregated by three levels. Denominator: Total number of recipient units/facilities at each level	National to province = 5 feed back reports out of the expected 20 quarterly feedback reports in 5 provinces  Province to district = 0 out of the expected 148 quarterly feedback reports in 37 districts  District to health facility = 0 out of the expected 3928 feedback reports in 982 health facilities	2011	Nat. to prov. = 20 feed back reports out of the expected 20 quarterly feedback reports in 5 prov.  Prov. to dist. = 148 out of the expected 148 quarterly feedback reports in 37 dist.  Dist. to HF = 0 out of the expected 982 feedback out of the expected 3928 feedback reports in 982 HFs		National to province = 25% (5/20)  Province to district = 30% (44/148)  District to health facility 0%	All feedback so far is for the first quarter.	Data collection, Analysis and Utilisation Guidelines not yet rolled out. They are expected to be rolled out to all all provinces in the country if the pilot is successful in the 4th quarter
7.3 Improved capacity of NTPs to perform operational research	7.3.1 OR studies completed and results incorporated into national policy/guidelines Indicator Value: Number (of OR studies and instances reported separately)	0	2010	3	2012	0	Provinces have been sensitised and they are already working on research topics and proposals	Lack of capacity to conduct OR. More basic training and mentorship in OR is planned in order to facilitate implementation of OR activities



## Quarterly Activity Plan Report

1. Universal and Early Access			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.1	Continue to support the transport system for sputum specimens	The Union	121,562	 75%	Sep	2012	The programme continued to support Harare, Chitungwiza and Bulawayo cities. Transport routes have been mapped out in the 5 selected districts - one in each of the 5 provinces of Manicaland, Masvingo, Midlands, Matebeleland North and Matebeleland South. Training for the motorcycle riders is due to start in April.
	1.2.2	Strengthen community involvement through community TB treatment supporters.	The Union	55,187	 30%	Sep	2012	Meetings were organised with community TB treatment supporters in 10 districts, reaching 1036 community workers (299 males and 737 females), to better understand the gaps. The information obtained will facilitate the ongoing NTP process of formulating community DOT policy which is expected to further guide the community TB programme. A job aide for TB treatment supporters has been drafted and awaits final approval and printing.
	1.2.3	Provide supplies and incentives for community TB treatment supporters (as part of 1.2.2 above)	The Union	12,008	 30%	Sep	2012	The identified DOT supporters in the 10 districts were issued with sunhats, note books, pens and T-shirts (see photo album).
	1.2.4	Facilitate screening for TB at community level	The Union	4,124	 50%	Mar	2012	The TB screening tool has been translated into local languages (Shona and Ndebele). Printing to take place in the 3rd quarter.
	1.2.5	Facilitate patient education and community awareness	The Union	6,065	 20%	Mar	2012	IEC materials have been adapted and await final approval.
	1.2.6	Printing of job aides for paediatric TB management	The Union	6,065	 10%	Mar	2012	Terms of reference for the consultant to adapt the Union document for local use have been prepared. Work and pilot testing is planned to commence in the third quarter.
	1.2.7	Conduct a national training on Paediatric TB	The Union	17,655	 0%	Jun	2012	This activity is planned for 3rd quarter. It is on the agenda of the recently established Paediatric Technical Working Group meeting in April.
	1.2.8	Development tools for recording and reporting IPT activities in children under 5 years of age	The Union	364	 10%	Jun	2012	Work is progress as part of the development or revision of tools , together with activities 3.3.1, 5.3.2, 5.3.3.










	<b>1.2.9</b>	Strengthen TB case finding in health facilities	The Union	7,277	 40%	Mar	2012	Refers to the reprint and distribution of 6000 TB screening tools: Quotations have been obtained by the National TB Control programme. Printing expected to start early in the third quarter.
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>	<b>Cumulative Progress and Deliverables up-to-date</b>
1.3 Reduced patient and service delivery delays (Timing)	<b>1.3.1</b>	Conduct 3 studies in 3 provinces to determine: 1. the number of encounters with a health worker before TB diagnosis is made 2. the number of days or weeks from onset of symptoms to first encounter with a qualified health worker 3. the number of days or weeks from sputum collection to initiation of treatment	The Union	4,803	 10%	Jun	2012	Work is in progress with NTP and the Department of Community Medicine of the University of Zimbabwe to facilitate the studies. Two researchers have been identified.
					 <b>28%</b>			






2. Laboratories			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
2.3 Ensured optimal use of new approaches to the laboratory confirmation of TB and incorporation in national strategic lab plans	2.3.1	Participate in a multi - country GeneXpert evaluation in collaboration with other local partners partners in Zimbabwe	The Union	36,387	 10%	Sep	2012	This will now be a national study to inform the development of an algorithm for the use of the Xpert MTB/RIF. The National Microbiology Reference Laboratory has commenced work on the protocol for the study.

 10%











3. Infection Control			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
3.2 Scaled-up implementation of TB-IC strategies	3.2.1	Strengthen Infection Control human resource capacity	The Union	10,375	 0%	Sep	2012	Two health workers will be nominated to do an international advanced infection control course in October.
3.3 Strengthened TB IC Monitoring & Measurement	3.3.1	Develop recording and reporting tools to capture infection control data including health care workers acquiring TB disease	The Union	1	 10%	Dec	2011	This is to be linked with other tools development (1.2.8, 5.3.2, 5.3.3). NTP has initiated the terms of reference for a consultant and background work.










 5%










4. PMDT			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
4.1 Improved treatment success of MDR	4.1.1	Strengthen hospital management and care of people with drug resistant TB	The Union	34,082	 20%	Sep	2011	Through TB CARE funding MDR patients can now access previously unavailable essential laboratory tests such as hepatitis screen, liver function tests and audiometry.
	4.1.2	Provide support for the Drug Resistance Survey (DRS) - part 1	KNCV	34,599	 25%	Sep	2012	The DRS protocol is ready and will be submitted to the Zimbabwe Medical Research Council for expedited review. The pilot run is planned to start early June.
	4.1.3	Provide support for the Drug Resistance Survey (DRS) - part 2	KNCV	6,164	 25%	Sep	2012	Linked to 4.1.2 above.
	4.1.4	Provide support for the Drug Resistance Survey (DRS) - part 3	KNCV	18,700	 60%	Mar	2012	Consultant backup service is ongoing. The third visit is expected towards end of the current planning period.
	4.1.5	Provide support for the Drug Resistance Survey (DRS) - part 4	WHO	8,362	 30%	Sep	2012	Technical support by WHO is ongoing
	4.1.6	Complete development of MDR training materials	WHO	14,210	 25%	Jun	2012	ToR have been developed. The identified consultant is no longer available. Work in progress to engage a new consultant.
	4.1.7	Training of health workers participating in the DRS	WHO	40,341	 0%	Sep	2012	Pending - dependent on commencement of the survey
	4.1.8	Provide support supervision during DRS	WHO	5,407	 0%	Sep	2012	Pending - dependent on commencement of the survey
					 23%			







5. TB/HIV			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
5.3 Improved treatment of TB/HIV co-infection	5.3.1	Support the revision and update of the TB/HIV guidelines	The Union	25,228	 10%	Mar	2012	Consultant terms of reference and background work done. Work anticipated to commence 3rd quarter.
	5.3.2	Support the revision of TB/HIV collaboration recording and reporting tools to facilitate the inclusion of key indicators on TB/HIV and IPT (quarterly notification summaries); and Infection Control tools	The Union	3,396	 10%	Dec	2011	This is to be linked with other tools development (1.2.8, 3.3.1, 5.3.2, 5.3.3). Consultant terms of reference and background work done. Work anticipated to commence 3rd quarter.
	5.3.3	Support the finalisation of the TB/HIV collaboration and Infection Control recording and reporting tools	The Union	4,852	 0%	Mar	2012	Planned stakeholders' workshop pending. Dependent on completion of 5.3.2.
	5.3.4	Conduct a study to determine barriers for ART uptake among HIV positive TB patients	The Union	13,039	 10%	Jun	2012	To be conducted inhouse by an operations research fellow. Study protocol planned to be ready in June 2012.
					 8%			



6. Health Systems Strengthening			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.1	Conduct support supervision from province to districts	The Union	91,877	 33%	Sep	2012	Five visits have been conducted so far out of the planned total of 15 support supervision visits.
	6.2.2	Conduct supervision from districts to peripheral health facilities	The Union	532,873	 25%	Sep	2012	Todate 9 visits have been achieved out of the planned 111 for the year. This is due to a problem of acquittals of advanced funds. A new system has been adopted to facilitate financial reporting by the provinces.
	6.2.3	Train health workers in PMDT	The Union	45,417	 10%	Jul	2012	Planning commenced. The MDR course will take place 30 July - 3 August 2012
	6.2.4	Train health workers in TB related management (IMDP)	The Union	56,739	 10%	Sep		Planning commenced. The Management course will take place 20-25 August 2012
	6.2.5	Facilitate regular report - back for TB CARE implementation progress	The Union	11,607	 30%	Sep	2012	Two of the planned 6 meetings have been conducted. Implementation bottlenecks, eg competing priorities and delayed acquittals were discussed and the way forward agreed. The next meetings will be held quarterly.
	6.2.6	Facilitate access to latest TB information	The Union	11,326	 80%	Sep	2012	Subscriptions for the IJTLD on behalf of NTP, provinces and cities is ongoing. The AIDS Journal to be added in the 3rd quarter.
	6.2.7	Support general TB management training	The Union	318,381	 50%	Sep	2012	Seven training workshops have so far been conducted out of the planned 13. The training focused on TB case detection; TB treatment, Childhood TB, Community TB treatment, Ensuring continuation of TB treatment, informing patients about TB, TB and HIV collaborative activities, TB medicines and supplies, Recording and reporting. Training only commenced in the second quarter and a total of 245 health workers were trained (93 male and 152 female).
	6.2.8	Facilitate a platform for expert TB input into policy formulation	The Union	7,763	 10%	Sep	2012	The terms of reference and membership of the TB expert committee are being revised.
	6.2.9	Facilitate The Union TB&HIV dept support to the TB CARE team (RD)	The Union	10,516	 50%	Sep	2012	Ongoing support from The Union HIV Coordinator
	6.2.10	Provide HQ overall program technical oversight (PF)	The Union	42,283	 50%	Sep	2012	Ongoing services of The Union TB and HIV Director. Country visit planned for 3rd quarter

<b>6.2.11</b>	Facilitate external technical assistance for programme management (EH)	The Union	32,760	 40%	Sep	2012	First country visit moved to April
<b>6.2.12</b>	Improved training capacity at national level	The Union	8,891	 10%	Sep	2012	Suitable course identified ("Future Performance Training Academy" in South Africa) and two participants have been nominated. Will take place in the 3rd quarter.
<b>6.2.13</b>	Participate in international TB control review meeting	The Union	29,110	 0%	Sep	2012	The Union World TB Conference will take place in November. Logistics will be completed in the 4th quarter.
<b>6.2.14</b>	Support development of Global Fund Round 11 proposal	WHO	11,227	 100%	Dec	2011	Workshop for development of GF Rnd 8 Phase 2 plan was conducted and plan developed. Awaiting invoice for payment.
<b>6.2.15</b>	Support the development of a human resource strategic plan and implementation plan	KNCV	29,254	 100%	Mar	2012	Activity completed
<b>6.2.16</b>	Support HRD strategic plan write up workshop	WHO	5,226	 100%	Mar	2012	Activity completed
<b>6.2.17</b>	Support costing of the HR plan & development of HR annual implementation plan	KNCV	16,027	 100%	Mar	2012	Activity completed
<b>6.2.18</b>	Conduct administrative and financial support, including 2 country visits, by The Union head office	The Union	9,824	 50%	Sep	2012	Ongoing support from The Union Project Administrator
				 <b>47%</b>			

7. M&E, OR and Surveillance			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
7.2 Improved capacity of NTPs to analyze and use quality data for management of the TB program	7.2.1	Facilitate data analysis, report writing and feedback at national level	The Union	1,128	 50%	Sep	2012	Supported two meetings of a small group at national level held. Group analysed TB data from the provinces, and provided feedback to the provinces.
	7.2.2	Support biannual data verification (audit) exercise	The Union	30,626	 30%	Sep	2012	Five data verification visits conducted so far conducted out of 15 planned visits.
	7.2.3	Facilitate district annual performance review and planning meetings	The Union	284,522	 0%	Sep	2012	All meetings are planned for 3rd and 4th quarters.
	7.2.4	Conduct provincial biannual Performance and planning meetings	The Union	143,729	 30%	Aug	2012	Three out of the planned 10 meetings were held. The most significant finding in these meetings was the decline in total TB notifications in all 5 provinces - a development also noted nationally. TB CARE is currently working with the NTP to determine whether the decline represents an epidemiological change or is due to recording and reporting challenges or other causes.
	7.2.5	Facilitate feedback and information sharing through printing of reports	The Union	2,729	 30%	Sep	2012	A reporting template has been designed and distributed to facilitate report writing at provincial and district level
	7.2.6	Facilitate national TB programme performance review	The Union	28,564	 0%	Sep	2012	The annual national TB review meeting is planned for the 4th quarter
	7.2.7	Conduct 2 regional meetings to launch the Data Collection, Analysis and Utilisation Guidelines (82 people for 1.5 days - 1 person per district, 1 per province, 5 facilitators)	The Union	30,534	 0%	Sep	2012	These are planned for the 4th quarter
	7.2.8	Print 5000 copies of the Data Collection, Analysis and Utilisation Guidelines	The Union	10,613	 0%	Sep	2012	Planned for the 4th quarter
	7.2.9	Conduct a 3 day workshop for 15 people to develop training materials for recording and reporting Conduct a pilot Training of Trainers (TOT) workshop for 30 people for 5 days for the recording and reporting and local use of data for decision making	The Union	37,297	 0%	Jun	2012	Planned for the 4th quarter

	<b>7.2.10</b>	Develop and print 300 copies of the Union/TB CARE Zimbabwe Annual Report	The Union	2,911	 25%	Sep	2012	Planned for the 4th quarter
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>	<b>Cumulative Progress and Deliverables up-to-date</b>
7.3 Improved capacity of NTPs to perform operational research	<b>7.3.1</b>	Support operations research training	The Union	10,004	 50%	Sep	2012	One officer attended the MSF/UNION operations research course. A research protocol has been submitted to ZMRC and preparations are under way for data collection. The study aims to determine whether the different types of treatment support (facility, community and family-based DOT) influenced treatment outcomes in tuberculosis patients registered in one district in Zimbabwe in 2010.
	<b>7.3.2</b>	Facilitate continuing medical education in TB including presentation of research findings from local and international TB researchers as well as Review of the National Research Agenda	The Union	11,535	 0%	Sep	2012	Planned for the 4th quarter in partnership with the Biomedical Research and Training Institute
	<b>7.3.3</b>	Facilitate conduct of operations research	The Union	14,676	 25%	Sep	2012	Three studies are ongoing from APA1 APA (ART uptake in TB patients in Midlands province, TB mortality in Mat South province, maximum time a sputum sample can remain on room temperature and still be useful for MTB culture) and one from APA2 (how does the type of treatment support influence tuberculosis treatment outcomes in Zimbabwe?)
	<b>7.3.4</b>	Conduct 3 meetings for Operations Research for 16 people (11 participants & 5 facilitators) for a total of 7 days	The Union	27,174	 0%	Sep	2012	Planned for the 3rd and 4th quarters
					 17%			

## Quarterly MDR-TB Report

Country	Zimbabwe
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Period	January-March 2012
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### MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment
Jan-Dec 2010	40	27
Jan-Sep 2011	59	53
Oct-Dec 2011	49	20
Total 2011	108	73
Jan-Mar 2012	37	38

## Quarterly GeneXpert Report

Country	Zimbabwe
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Period	January-March 2012
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**Table 1: GeneXpert instruments and cartridges procured or planned by quarter**

	Procured			# still planned for procurement in APA 2	Month, Year procurement planned (i.e. April 2012)
	Jan-Dec 2011	Jan-Mar 2012	Cummulative Total		
# GeneXpert Instruments	0	0	0	1	May-12
# Cartridges	0	0	0	0	May-12

**Table 2: Cumulative List of GeneXpert Instruments Procured to Date or Planned in the Next Quarter**

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Instrument	# of Modules (1, 2, 4, or 16)	Location(s) (facility name & city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) <sup>1</sup>	Partner/ Implementing Organization; Additional Comments
Planned	1	16	Reference laboratory	USAID	NTP, Zimbabwe

<sup>1</sup> Differentiating between PEPFAR and USAID-funded is important. If it is PEPFAR funded, specify the fiscal year (i.e. FY2011). Add rows if there are more than 8 instruments in total.

**Table 3: Cumulative Xpert MTB/RIF Cartridges Procured to Date or Planned for Next Quarter**

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Order #	# of Cartridges*	Location(s) (facility name and city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) <sup>1</sup>	Comments
Planned	1	250	Reference laboratory	USAID	
	2				
	3				
	4				
	5				

\*There are 10 cartridges per kit, but we need the total # of **cartridges** (not kits)  
Add an additional row for every procurement order of cartridges

Any additional information/clarifications to the above (optional)

Cartridges are planned to be provided by other partners

Please provide a brief description of any significant problems encountered in use of the GeneXpert machine(s) and Xpert MTB/RIF cartridges

Please describe technical assistance or evaluation of implementation activities performed and planned.

## Community DOT Supporters



DOT Observers meeting: Tsholotsho district, Matabeleland North Province





Community TB supporter meeting in Manicaland province





Community TB supporter meeting in Manicaland province

<b>Organization:</b>	<b>TB CARE I</b>
<b>Country:</b>	<b>Zimbabwe</b>
<b>Reporting period:</b>	<b>January-March 2012</b>
<b>Year:</b>	<b>APA 2</b>



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# TB CARE I

[illegible]

(2) Identification number (eg Manufacturer's serial number, model number, Federal stock number, national stock number)

(3) Date of invoice

(4) Total price including any sales tax paid. Use currency on invoice

(5) Note any sales tax charged

(6) Address

(7) Good/fair or bad

(8)+(9) Ultimate disposition data, (in the case of a vehicle) including date of disposal and sales price or the method used to determine current fair market value.

where a recipient compensated TB CARE I for its share. Attach supplementary info